PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

106/8017

CLAIMS AS FILED - PART I (Column 1) (Column 1)						SMALL ENTITY nn 2) TYPE			ITITY	OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			18					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBE	ER EXTRA	Ī	BASIC FEE	375.00	OR	BASIC FEE	750.00
ТО	TAL CHARGEA	BLE CLAIMS	カ ^り minus 20=		* 24			X\$ 9=		OR	X\$18=	432
IND	EPENDENT CL	AIMS	2 minus 3 =		* 0			X42=		OR	X84=	
Μ̈́U	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=	290
* If the difference in column 1 is less t				than zero, enter "0" in column 2			L	TOTAL		ОR	TOTAL	1462
CLAIMS AS AMENDED - PART II								:		. 1 :	OTHER	
	The state of the s	(Column 1)	(Colur		(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	, i
	Independent	* NTATION OF M	Minus	***	F CL AINA	<u> </u>		X42=		OR	X84=	
P	rinoi rnese	INTATION OF IVI	OLTIPLE DEF	PENDEN	CLATIVI			+140=		OR	+280=	
		·			ž		L 4	TOTAL DDIT FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column											· .
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	*	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		= .	1	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	PENDENT	CLAIM		╛┟	4.40			200		
								+140= TOTAL		OR	+280≘ TOTAL	**
<u>.</u>							Α	DDIT. FEE		OR	ADDIT FEE	
		(Column 1) CLAIMS		(Colui	mn 2)	(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	:_,	=		X\$ 9=		OR	X\$18=	- :
	Independent	*	Minus	***		=		X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPE				T CLAIM] -	4		OR	***	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
_	_	nber Previously Pa				•	er four	nd in the app	ropriate bo	x in co	lumn 1.	*

*11 S. Government Printing Office: 2002 ___ 409_279/60161